UNITED STATES DISTRICT COURT

DISTRICT OF OREGON

ELIA AZAR and I	Plaintiff(s),	Case No.: 3:16-cv-004 APPLICATION FOR ADMISSION – PRO	SPECIAL
il.in		TIDINIDOION TINO	THIC FIEL
BLOUNT INTER	NATIONAL, INC., et al.		
	Defendant(s).		
A	pplication for <i>Pro Hac Vice</i> Admis	sion and CM/ECF Reg	istration
Attorn	ey Kristen Le O'Connor	requests special	admission pro hac
vice to the Bar	of the United States District Court for	or the District of Oregon	in the above-
captioned case	for the purposes of representing the	following party(s):	
Plaintiffs Elia A	zar and Dean Alfange		
In supp	port of this application, I certify that:	1) I am an active member	er in good standing
with the Califo	CHARLES AND CONTROL TO BE SELECTED FOR THE STREET CONTROL TO A STR	THE RESERVE OF THE PROPERTY OF	Wilder Tourist Transport Control of the Control of Cont
NO PROPERTY OF STREET	ence, the Federal Rules of Civil and C		
	Court's Statement of Professionalism		
3	stand that my admission to the Bar o		ict Court for the
	gon is solely for the purpose of litiga		
	on the conclusion of the matter.	ming in the door o matter	and with ou
555595			
(1)	PERSONAL DATA:		
	Name: O'Connor, Kristen L. (Last Name)	(First Name)	(MI) (Suffix)
	Agency/firm affiliation: Johnson F	profit to the control of the control	(2-10)1-0
	Mailing address: 655 W. Broadway		
	City: San Diego	State: CA	Zip: 92101
	Phone number: (619) 230-0063	Fax number:	(619) 255-1856
	Business e-mail address: kristeno@		

(2)	BAR A	ADMISSION INFORMATION:			
	(a)	State bar admission(s), date(s) of admission, and bar number(s): California, 11/25/15, Bar No. 305113			
	(b)	Other federal court admission(s) and date(s) of admission: S.D. Cal., 7/26/16; C.D. Cal., 12/16/16; N.D. Cal. 9/28/18; N.D. III. 7/24/18			
(3)	CERT	TIFICATION OF DISCIPLINARY ACTIONS:			
7		ot now, nor have I ever been subject to any disciplinary action by any r federal bar association.			
	I am now or have been subject to disciplinary action by a state or federal bar association. (See attached letter of explanation.)				
(4)	CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:				
	respon require and tha	ant to LR 83-3, I have professional liability insurance, or financial sibility equivalent to liability insurance, that meets the insurance ements of the Oregon State Bar for attorneys practicing in this District, at will apply and remain in force for the duration of the case, including peal proceedings.			
(5)	CM/ECF REGISTRATION:				
	I acknowledge that I will become a registered user of the Court's case management and electronic case filing system (CM/ECF) upon approval of this application, and I will receive electronic service pursuant to Fed. R. Civ. P. 5(b)(2)(E) and the Local Rules of the District of Oregon.				
		ney Seeking <i>Pro Hac Vice</i> Admission: I have read and understand the -3, and I certify that the above information is true and correct.			
DATED	: 8/26/	<u>/19</u>			
		(Signature)			

REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:

unless requesting a wa		ac vice admission to associate vent under LR 45-1.	with local coun	sel,
To request a waiver o following box:	of the requirement to a	ssociate with local counsel und	er LR 45-1, ch	eck the
Court did not requirement to	issue. Pursuant to LR	pose of filing a motion related to 45-1(b), I request a waiver of to counsel and therefore do not inction.	the LR 83-3(a)	(1)
To associate with loca counsel.	al counsel, complete the	he following section and obtain	the signature	of local
Name: McGaughey, F	Robert J. (Last Name)	(First Name)	(MI)	(Suffix)
OSB number: 800787			(MI)	(Sujju)
A conou/firm offiliatio	n: McGaughey Erickso	n		
Agency/IIIII allillatio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1907		
Mailing address: 65 S			8	
			Zip: <u>9</u> 7	7204
Mailing address: 65	SW Yamhill Street, Suite	e 200		7204
Mailing address: 65 S	SW Yamhill Street, Suite	State: OR Fax number:		7204
Mailing address: 65 S City: Portland Phone number: (503) 2	SW Yamhill Street, Suite 223-7555 ess: bob@law7555.com	State: OR Fax number:		7204
Mailing address: 65 S City: Portland Phone number: (503) 2 Business e-mail addres CERTIFICATION C I certify that I am a m	SW Yamhill Street, Suite 223-7555 ess: bob@law7555.com OF ASSOCIATE LO nember in good standingements of LR 83-3, and	State: OR Fax number:	I have read an	d
Mailing address: 65 S City: Portland Phone number: (503) 2 Business e-mail addre CERTIFICATION C I certify that I am a munderstand the require	SW Yamhill Street, Suite 223-7555 ess: bob@law7555.com OF ASSOCIATE LO nember in good standing ements of LR 83-3, and 3-SI	State: OR State: OR Fax number: OCAL COUNSEL: and of the bar of this Court, that	I have read an	d

U.S. District Court - Oregon [Rev. 11/2018]

in case number:	